



ADDRESS CHANGE FORM

232605

Mail, fax or scan and email a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815
Email: crd@auri@regaffairs.scc.gov

Docket 2011-S3-T

DATE: 8/11/11

Please consider this my request for an Address Change of the following certificate:

- ☐ Class C Taxi Certificate Number _____
☒ Class C Charter Certificate Number _____
☐ Class C Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____
☒ Class E Household Goods Certificate Number 9787
☐ Class E Hazardous Wastes Certificate Number 82

RECEIVED

SEP 30 2011

ORS
T,T,W,W/W

READY SET MOVERS LLC

Name of Company (Include DBA if applicable)

RECEIVED

2011

I am changing my: ☒ Street Address ☐ Mailing Address ☒ Both

PSC SC
MAIL / DMS

1316 Lexington Dr.

New Street Address

Mount Pleasant, SC 29466

City, State, Zip Code for Street Address

P.O. Box 2145

New Mailing Address

Mount Pleasant, SC 29466

City, State, Zip Code for Mailing Address

(843) 863-1541

Telephone Number

[Signature]

Signature

OWNER

Title (President, Owner, etc.)